

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
IHS Southwest Regional HR Office
Phoenix Service Unit, Phoenix Indian Medical Center Servicing Office
1616 E. Indian School Rd., Suite 360 E
Phoenix, AZ 85016

Preference in filling vacancies is given to qualified Native American Indian Candidates or Alaska Natives in accordance with the INDIAN PREFERENCE ACT, TITLE 25, US CODE, SECTION 472 & 473. In order than the above, the Indian Health Service is an Equal Opportunity Employer.

ANNOUNCEMENT NUMBER:	OPENING DATE:	CLOSING DATE:
SWR-08-0453	09/29/2008	10/03/2008
POSITION TITLE/SERIES/GRADE:	Cook, WG-7404-6	
STARTING SALARY:	WG-6 - \$16.29 - \$19.00 per hour	
PROMOTION POTENTIAL:	None	
SUPERVISORY/MANAGERIAL:	No	
RELOCATION EXPENSES:	Expenses will not be paid. (Relocation expenses will not be paid. Employees who wish to relocate to Phoenix for their own benefit may apply. If there are no Indian preference eligible candidates within the commuting area and an Indian preference candidate is selected from outside the commuting area, relocation costs will be paid.)	
HOUSING:	Private Housing Only.	
APPOINTMENT/WORK SCHEDULE:	One Permanent Full-Time	
AREA OF CONSIDERATION:	Phoenix Commuting Area (Management has determined that there will likely be an adequate number of qualified applicants within the local commuting area to reduce the Area of Consideration.)	
DUTY LOCATIONS:	Phoenix Indian Medical Center, Nutrition Services	

JOB DESCRIPTION: The incumbent is responsible for performing a wide variety of food service and cooling functions including food preparation, sanitation, and service duties. They perform tasks with several steps and routinely follow established patterns of work. Prepare items for regular and modified diets and identify foods to be served on commonly prescribed diets. Checks the work of the Food Service Workers for accuracy. Performs other duties as assigned.

WHO MAY APPLY: Merit Promotion and Excepted Service Eligible Candidates. U.S. citizenship is required.

- Excepted Service Examining Plan Candidates (ESEP) – Individuals entitled to Indian Preference who wish to be considered for excepted appointment in IHS, under authority of 5 CFR, Part 213, Schedule A 213.3116(B)(8).
- Merit Promotion Plan Candidates (MPP) – Current permanent competitive Federal status employees, reinstatement eligible, and current IHS Indian Preference individuals and/or individuals who are eligible for excepted appointment in IHS under some other authority (e.g., handicapped authority, etc).
- Veteran's Preference - Preference eligible veterans who have been separated from the armed forces under honorable conditions after 3 years or more of continuous active service may apply.

Indian Preference applicants must indicate on their applications whether they are applying under the MPP, ESEP, or both. If not indicated, they will be considered under the MPP.

Qualified disabled applicants (Rehabilitation Act of 1973) and disabled veterans with 30% or more disability are encouraged to apply. Reasonable accommodations will be made for qualified applicants with disabilities, except when doing so would impose undue hardship on the Indian Health Service.

CONDITIONS OF EMPLOYMENT:

1. Selectee(s) are required to be immunized against Measles and Rubella and provide documentation prior to or at the time of their start date. Special consideration may be allowed to individuals who are allergic to a component of the vaccine or are currently pregnant. Selectee must have documented immunity to Rubella and Measles.
2. Selectee(s) are required to complete Security questionnaire and fingerprint chart for investigative purposes under PL 101-630 Indian Child Protection and Family Violence Prevention Act. Persons, who have been arrested for or charged with a crime involving a child, or violent crime against a person, are not eligible for employment with IHS under PL 101-630.

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3. Selectee(s) are required to complete a “Declaration of Federal Employment – Optional Form 306” to determine your suitability for Federal Employment, and to certify the accuracy of all the information in your application. Persons making false statements in any part of the application may not be hired; or fired after employment starts; or may be fined.
 4. Males born after December 31, 1959 are required to be registered with the Selective Service System in order to be eligible for employment with the Federal Government.
 5. Selectee(s) are required to have a viable bank account at a financial institution for electronic direct deposit of salary payment.
 6. Some service units operate under extended service hours 7 days per week.
 7. Incumbent will frequently lift, carry and move objects weighing up to 40 pounds and occasionally objects weighing over 50 pounds. Work requires continuous walking. Standing, and considerable arm and hand movements in controlling heavy powered equipment used in cleaning.
 8. Required to work varying shifts, holidays and weekends.

QUALIFICATION REQUIREMENTS: No specific length of experience is required. Applicants will be rated on the basis of their narrative response to the elements listed below. On a separate attachment, please respond to the elements below and on the attached ***SUPPLEMENTAL EXPERIENCE STATEMENT AND SUBMIT THEM WITH YOUR APPLICATION***. It will be to your advantage to give as much information as possible about your ability to perform the duties of this position. Failure to submit your narrative response to the job elements for this job may affect your eligibility and/or rating for this position

Supplemental Experience Statement For Cook must be submitted (see Attachment C)

1. Ability to do the work of the Cook without more than normal supervision. (SCREEN OUT ELEMENT)
2. Work Practices.
3. Ability to do quantity cooking following oral or written directions
4. Ability to use kitchen utensils and equipment.
5. Knowledge of cooking ingredients.
6. Dexterity and Safety

TIME IN GRADE: Candidates must have completed at least one year of service in a position no more than one grade lower than the position to be filled. (If selected under the Excepted Service Examining Plan, such individuals may be appointed under Schedule A authority without regard to Time-In-Grade requirements.)

LEGAL AND REGULATORY REQUIREMENTS: Candidates must meet time-after competitive appointment, time-in-grade, and qualification requirements by the closing date of the job announcement.

METHODS OF EVALUATION: Evaluation is made on the basis of appropriate education, experience, performance appraisals, training, self-development, outside activities and special awards. Experience related to tribal involvement and to Indian community projects will also be evaluated. Applicants will also be evaluated on the following ranking factors, i.e., Knowledge, Skills, and Abilities (KSA's).

HOW TO APPLY/REQUIRED FORMS (Incomplete applications will not be considered):

1. Applicants may use one of the following to apply: (1) OF-612 Optional Application for Federal Employment, **or** (2) Resume (see requirements in **Attachment A**).
2. If claiming Indian Preference, BIA 4432 “Verification of Indian Preference for Employment in BIA and IHS”.
3. If claiming Veteran’s Preference, copy of DD-214 Form, and SF-15 if claiming 10 point Veteran’s Preference.
4. Copy of latest Personnel Action (SF-50), if a current or former employee, and/or if requesting Reinstatement Eligibility.
5. Copy of the most recent performance appraisal, if a current Federal employee.
6. Copies of college transcripts. Education will not be given credit without them. To claim credit or if you are substituting education for experience, you are required to provide evidence of the education by providing a copy of your official transcripts. No credit will be given without your transcripts.
7. Addendum to Declaration for Federal Employment (OF 306) form (Child Care & Indian Child Care Worker Positions - PL 101-630 Questionnaire - **form attached**).
8. Completed Selective Service Registration Form (**form attached**).
9. Written Responses to the Knowledge, Skills, and Abilities (KSA – Attachment C – **form attached**) - (**OPTIONAL** ~ failure to submit may result in an ineligible rating or substantially lower score).

Application and required forms identified by this announcement number must be submitted to the address below:

ATTN: SWR-08-0453
Office of Human Resources
Phoenix Indian Medical Center
1616 E. Indian School Rd., Suite 360E
Phoenix, AZ 85016

Phone: (602) 248-4180

Fax: (602) 248-4182

Facsimile is acceptable – this office is not responsible for incomplete transmissions. All submitted materials are subject to retention by this office. You should duplicate and retain copies, since requests for copies will not be honored. Additional information regarding Federal job opening can be obtained at www.opm.gov, or at USAJOBS www.usajobs.opm.gov or check the IHS Website at www.ihs.gov. All documents are subject to the provision of the Privacy Act (PL 93-579) and become the property of Department of Health and Human Services (DHHS).

Additional selections of candidates may be possible within 90 days from the date the certificate of eligible candidates is issued for this announcement, for filing additional or similar positions.

Human Resource Specialist: (Call 602-248-4180 to contact a Human Resources Specialist.)

Date: 9/29/2008

ATTACHMENT A

Resume Requirements - Your resume or other application format must contain the following information to allow for qualification determination.

- Identify your application/resume by the announcement number, title and grade(s)
- Full Name (first, middle, last ~ include other names used, i.e., maiden name)
- Mailing Address
- Phone Number where you can be reached
- Email Address (if applicable)
- Social Security Number
- Country of citizenship
- Education: list high school and colleges attended, type of degree (list major) received, date of degrees conferred, and city and state of school.
- Work Experience: (include non-paid work as well as paid)
 - Job Title (if Federal employment, indicate series and grade)
 - Duties and Accomplishments
 - Employer's name and Address
 - Employer's name and phone number
 - Starting and ending dates of employment (month/year)
 - Hours of work per week
 - Salary
 - Indicate if you do not want us to contact your current supervisor (if not specified, it will be assumed that we may do so)
- List job related training (title, year obtained, hours of training)
- Honors or awards received
- License or certificates obtained (submit with application)
- Special accomplishments (i.e., publications, memberships, leadership and community recognition, etc).

Indicate if you do not want your current supervisor contacted for reference purposes.

ATTACHMENT B

1. You may be eligible for special selection priority consideration under the Career Transition Assistant Program (CTAP) if you are a current career or career-conditional (tenure group I or II) employee of the DHHS Agency at the GS-15 grade level or below or equivalent, and who has received a specific RIF separation notice or a Certificate of Expected Separation indication your job is surplus, or notice of removal for declining a directed reassignment or transfer of function outside the local commuting area. To qualify for special selection priority consideration under CTAP you **MUST** also meet the criteria shown in paragraph 3 below.
2. You may be eligible for special selection priority consideration under the Interagency Career Transition Assistance Program (ICTAP) if you are a current or former career-conditional (tenure group I or II) employee of any agency in the competitive service at the GS-15 grade level or below or equivalent, who has received a specific RIF separation notice or a notice of proposed removal for declining a directed reassignment or transfer of function outside the local commuting area. You may also be eligible if you were separated because of a compensable injury and your compensation has been terminated; or you retired with a disability and your disability annuity has been or is being terminated; or you were in receipt of a RIF separation notice and retired on the effective date of the RIF or under discontinued service; or you are a former Military Reserve Technician or National Guard Technician who is receiving a special disability retirement annuity from OPM. To qualify for special selection priority consideration under ICTAP you **MUST** also meet the criteria shown in paragraph 3 below.
3. To qualify for special selection priority consideration under CTAP or ICTAP for this vacancy, you **MUST** also meet **ALL** of the following:
 - (a) Have a current or last performance rating of record of at least fully successful or equivalent. A copy **MUST** be submitted with your application package. (Note: this requirement does not apply to candidates who are eligible due to compensable injury or disability retirement).
 - (b) Be applying for a position at or below the grade level from which you will be, or have been separated, and which does not have a greater promotion potential than the position from which you will be, or have been separated.
 - (c) Occupy or be displaced from a position in the same local commuting area of the position for which you are requesting priority consideration.
 - (d) File your application by the vacancy announcement closing date and meet all the applicable criteria. Your application **MUST** include **ALL** documents that support your claim of eligibility for priority consideration – RIF separation notice, or notice of proposed removal for declining a directed reassignment or transfer of function to another commuting area; SF-50 Notification of Personnel Action, showing that they were separated as a result of RIF, or declining a transfer of function or directed reassignment to another area; official certification from an agency stating that it cannot place an individual whose injury compensation has been or is being terminated; or official notification from the Military Department or National Guard Bureau that the employee has retired under 5 USC 8337(h) Or 8456.
 - (e) Be rated “well qualified” for this position. A numerical rating of 85 is considered to be well qualified for this position.

APPLICANT'S STATEMENT OF SELECTIVE SERVICE REGISTRATION STATUS

If you are a male born after December 31, 1959, and are at least 18 years of age, civil service employment law {5 U.S.C. 3328} requires that you must be registered with the Selective Service law, unless you meet certain exemptions under Selective Service law. If you are required to register but knowingly and willfully fail to do so, you are ineligible for employment by executive agencies of the Federal Government.

CERTIFICATION OF REGISTRATION STATUS

Check one:

- ☐ I certify I am registered with the Selective Service System.
- ☐ I certify I have been determined by the Selective Service to be exempt from the registration provisions of Selective Service law.
- ☐ I certify I have not registered with the Selective Service System.
- ☐ I certify I have not reached my 18th birthday and understand I am required by law to register at that time.

NON-REGISTRANTS UNDER AGE 26

If you are under age 26 and have not registered as required, you should register promptly at a United States Post Office or consular office if you are outside the United States.

NON-REGISTRANTS AGE 26 OR OVER

If you were born in 1960 or later, are 26 years of age or older, and were required to register but did not do so, you can no longer register under Selective Service law. According, you are not eligible for appointment to an executive agency unless you can prove to the Office of Personnel Management (OPM) that your failure to register was neither knowing nor willful. You may request an OPM decision through the agency that was considering you for employment by returning this statement with your written request for an OPM determination together with an explanation and documentation you wish to furnish to prove that your failure to register was neither knowing nor willful.

PRIVACY ACT STATEMENT

Because information on your registration status is essential for determining whether you are in compliance with 5 U.S.C. 3328, failure to provide the information requested by this statement will prevent any further consideration of your application for appointment. This information is subject to verification with the Selective Service System and may be furnished to other Federal agencies for law enforcement or other authorized use in implementing this law.

FALSE STATEMENT NOTIFICATION

A false statement may be grounds for not hiring you, or for firing you if you have already begun work. Also, you may be punished by fine or imprisonment (Section 1001 of title 18, United States Code).

Legal signature of individual {please use ink}

Date signed {please use ink}

Addendum to Declaration for Federal Employment (OF 306)
Indian Health Service
Child Care & Indian Child Care Worker Positions

Item 15a. Agency Specific Questions

Name: _____ Social Security Number: _____
(Please print)

Job Title of Announcement: COOK Announcement Number: SWR-08-0453

Section 231 of the Crime Control Act of 1990, Public Law 101-647, requires that employment applications for Federal Child care positions contain a question asking whether the individual has ever been arrested for or charged with a crime involving a child and for the disposition of the arrest or charge.

Section 408 of the Miscellaneous Indian Legislation, Public Law 101-630, requires a criminal record check for positions in the Department of Health and Human Services that involve regular contact with or control over Indian Children. The agency must ensure that persons hired for these positions have not been found guilty of or pleaded nolo contendere to violent crimes.

To assure compliance with the above laws, the following questions are added to the Declaration for Federal Employment.

1) Have you ever been arrested for or charged with a crime involving a child? YES _____ NO _____

[If YES, provide date, explanation of the violation, disposition of the arrest or charge, place of occurrence, and the name and address of the police department or current court involved.]

2) Have you ever been found guilty of, or entered in a plea of nolo contendere (no contest) or guilty to, any felonious or misdemeanor offense under Federal, State, or Tribal law involving crimes of violence, sexual assault, molestation, contact or prostitution, or crimes against persons? YES _____ NO _____

[If YES, provide date, explanation of the violence, description of the arrest or charge, place of occurrence, and the name and address of the police department or court involved.]

I certify that (1) my response to these questions is made under penalty of perjury, which is punishable by fines of up to \$2,000 or 5 years imprisonment, or both; and (2) I have received notice that a criminal check will be conducted. I understand my right to obtain a copy of any criminal history report made available to the Indian Health Service and my right to challenge the accuracy and completeness of any information contained in the report.

Applicant's Signature (sign in ink)

Date

Public Burden Statement: In accordance with Paperwork Reduction Act (5 CFR 1320.8 (b)(3), a Federal agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. Respondents must be informed (on the reporting instrument, in instructions, or in a cover letter) the reasons for which the information will be collected; the way the information will be used to further the proper performance of the functions of the agency; whether responses to the collection of the information are voluntary, required to obtain a benefit (citing authority), or mandatory (citing authority); and the nature and extent of confidentiality to be provided, if any (citing authority). Public reporting burden for this collection of information is estimated to average 15 minutes per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the necessary data, and completing and reviewing the collection information. Send comments regarding the burden estimate or any other aspect of this collection of information to the IHS PRA Information Collection Clearance Staff, 12300 Twinbrook Parkway, Suite 450, Rockville, MD 20852. ***Please do not send completed data collection instruments to this address.***

FORM APPROVED: O.M.B. NO. 0917-0028

Expires 02/28/2009

ATTACHMENT C

SUPPLEMENTAL EXPERIENCE STATEMENT
(To accompany OF-612, APPLICATION FOR FEDERAL EMPLOYMENT)
Cook, WG-7404-6

NAME: _____
(Mr.) (Mrs.) (First, Middle, Maiden (If any), and Last)

Date of Birth

NOTE TO APPLICANTS: Use Columns II and III to answer questions in Column I. Use additional plain sheets of paper if needed.

Column I	Column II	Column III
Questions to Competitors	Indicate Job number of Experience Block on OF-612 To which this refers.	In this column, write your answers to the questions in column I. For schooling, include formal school, trade school, military classes, etc.; state subjects and grades. Tell experiences applicable to the position, paid or unpaid, part or full-time and hobbies appropriate to the job.
<p><u>ELEMENT A: ABILITY TO DO THE WORK OF COOK WITHOUT MORE THAN NORMAL SUPERVISION.</u> Tell about experience you have had that shows you can work on the basis of your own judgment. Show the kinds of work you can do by yourself without the help of a boss or supervisor. What responsibilities have you been given on the jobs, in the Armed Forces, in your community, etc?</p> <p><u>ELEMENT B: WORK PRACTICES:</u> Tell about your experience in keeping things neat, clean and in order. Were you responsible for storage of food, supplies or equipment? Where did you get your experience in handling supplies and equipment? Did you direct or instruct others in storage or cleaning work? Describe.</p>		

SUPPLEMENTAL EXPERIENCE STATEMENT
Cook, WG-7404-6

NAME: _____ BIRTH DATE: _____

Column I	Column II	Column III
Questions to Competitors	Indicate Job number of Experience Block on OF-612 To which this refers.	In this column, write your answers to the questions in column I. For schooling, include formal school, trade school, military classes, etc.; state subjects and grades. Tell experiences applicable to the position, paid or unpaid, part or full-time and hobbies appropriate to the job.
<p><u>ELEMENT C: ABILITY TO DO QUANTITY COOKING FOLLOWING ORAL OR WRITTEN INSTRUCTIONS.</u> What kind of directions, specifications or directives have you used? What experience have you had in transmitting or explaining instructions to others? What types of menus have you prepared for quantity cooking? What types of cookbooks or manuals have you used?</p>		
<p><u>ELEMENT D: ABILITY TO USE KITCHEN UTENSILS AND EQUIPMENT:</u> List the major food service equipment which you are skilled in operating and show to what extent you have serviced, adjusted, maintained and repaired such equipment. Describe your experience in planning appropriate facilities for specific food service operation, including selection and layout of machinery and equipment.</p>		

SUPPLEMENTAL EXPERIENCE STATEMENT
COOK, WG-7404-6

NAME: _____ BIRTH DATE: _____

Column I	Column II	Column III
Questions to Competitors	Indicate Job number of Experience Block on OF-612 To which this refers.	In this column, write your answers to the questions in column I. For schooling, include formal school, trade school, military classes, etc.; state subjects and grades. Tell experiences applicable to the position, paid or unpaid, part or full-time and hobbies appropriate to the job.
<u>ELEMENT E: KNOWLEDGE OF COOKING INGREDFIENTS.</u> Tell what types of materials you have used in your cooking experience. Are you able to select the proper materials for each job according to purpose or to make proper substitution? Describe. To what extent have you trained others in the use of proper materials or ways to substitute?		
<u>ELEMENT F: DEXTERITY AND SAFETY:</u> Tell about any work in which you had to observe safety rules to avoid injuring yourself or co-workers. If you worked for an employer with regular safety programs, what did the program include? Tell about any scheduled safety training you received or gave. List accidents within the last five (5) years. Give dates, and state whether at fault or severity.		

After completing the application and this form, look them over carefully to make sure that both have been signed and that you have answered every question. Be sure that you have given complete information about your experience. You cannot be given credit for work you did not tell us about.

STATEMENTS CONCERNING QUALIFICATIONS WILL BE VERIFIED BY THE CIVIL SERVICE COMMISSION. EXAGGERATION OR MISSTATEMENTS MAY BE CAUSE FOR YOUR DISQUALIFICATION OR LATER REMOVAL FROM THE SERVICE.

CERTIFICATION

I certify that all of the statements made in this application are true, complete and correct to the best of my knowledge and belief and are mad in good faith.

Signature of Applicant: _____ Date: _____